

# SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision

Effective 2-1-7

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	8,783,011	+5.3%
14. Crop Hail		
15. Other		

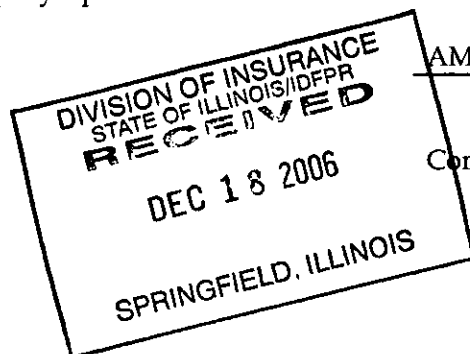
Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): We are filing revisions for our Contractors Package Policy which result in an overall average change of +5.3%.

\* Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

\*\*Change in Company's premium level which will result from application of new rates.



AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

Christa Adler

Competitive Pricing Research Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/07 new businesss 3/1/07 renewals

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$2,479,792	-4.5%
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Decreasing base rates to maintain competitiveness in today's market place. Rate increases to several other non-base rate, miscellaneous coverages.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company

Name of Company

Kelly R. Mendenhall, CPCU - Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/07 new businesss 3/1/07 renewals

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$2,479,792	-4.5%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Decreasing base rates to maintain competitiveness in today's market place. Rate increases to several other non-base rate, miscellaneous coverages.

\*Adjusted to reflect all prior rate changes.

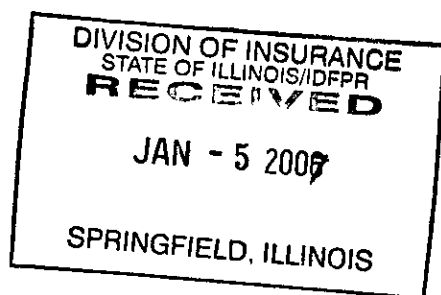
\*\*Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company

Name of Company

Kelly R. Mendenhall, CPCU - Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$10,989,285	-11.3%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

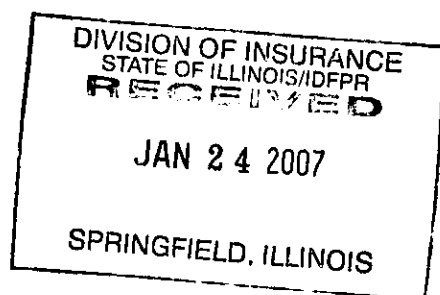
\*\*Change in Company's premium level which will result from application of new rates.

Consolidated Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate Revision effective May 1, 2007

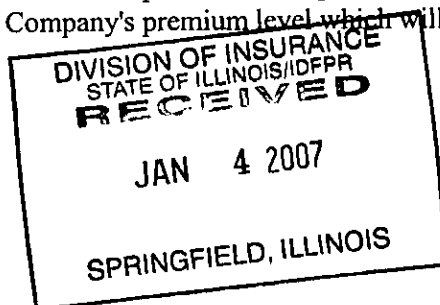
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$5,192,687	-1.0%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
applicable to all territories and classes

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):  
Adopting ISO Illinois Commercial Package Policy revision, ML-2006-RLA1.  
Revising Company Package Modification Factors.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Continental Western Insurance Company  
Name of Company

Vicki Jacobs, Research Analyst  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2-15-07

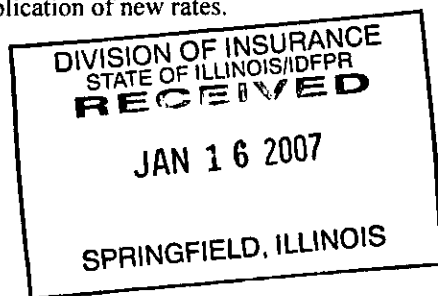
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	192,337	-10.4%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Adopting ISO's loss costs - filing designation BP-2005-RLA1

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



Employers Mutual Casualty  
 Company  
 Name of Company

Don Coughenower  
 Assistant Vice President  
 Official - Title

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Written Premium Volume (Illinois)*</u>	<u>Percent Change ( + or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	27,420,314	0.0%
14. Crop Hail		
15. Other _____		
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

JAN 29 2007

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

See Explanatory Memorandum

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

^ For a detailed description of the proposed rate change, please refer to the explanatory memorandum.

Federal Insurance Co.

Name of Company

*[Signature]*

Assistant Vice President & Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 4/1/07

**RECEIVED**

JAN 26 2007

**IDFPR (MPC)**  
**DIVISION OF INSURANCE**  
**SPRINGFIELD**

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	2,390,975	-0.9%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising type of business factors.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which  
will result from application of new rates.

Federated Mutual Ins. Co.  
Name of Company

*Howard Hammel* Vice  
President

Official - Title



SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 04-01-07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$3,915,000	-1%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

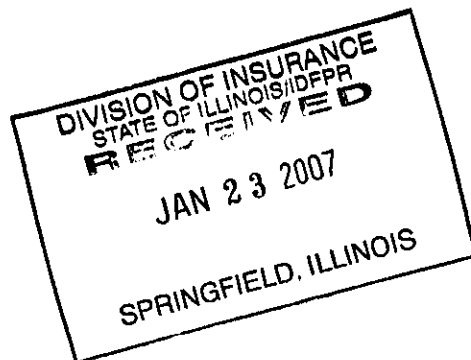
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revise Equipment Breakdown Motel/Hotel Rate under COMPAK program.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

H29219D

Frankenmuth Mutual Insurance

Name of Company

Mercia Meyer

Rate Analyst II

Official - Title

Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

(1)	(2)	(3)
Coverage	Annual Written Premium Volume (Illinois)*	Percent Change ( + or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	2,470,198	0.0%
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so specify: 00

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

*See Explanatory Memorandum*

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

^ For a detailed description of the proposed rate change, please refer to the explanatory memorandum.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

JAN 29 2007

SPRINGFIELD, ILLINOIS

Great Northern Insurance Co.

Name of Company

*M. J. Kelly*

Assistant Vice President & Actuary  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2-15-07

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	2,593,402	-7.9%
14. Crop Hail		
15. Other		
Line of Insurance		

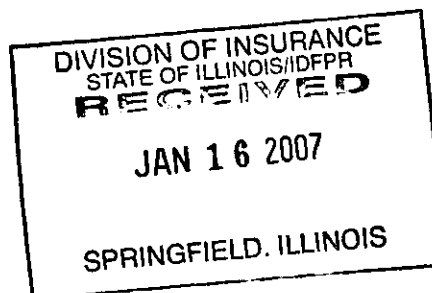
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO's loss costs - filing designation BP-2005-RLA1

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Illinois EMCASCO Insurance  
Company

Name of Company

Don Coughenower  
Assistant Vice President

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$15,235,348	-2.4%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

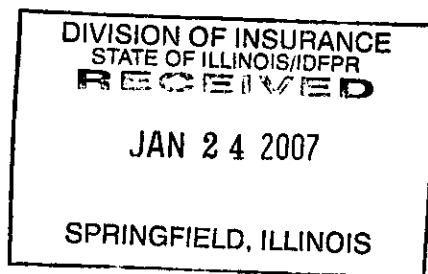
\*\*Change in Company's premium level which will result from application of new rates.

Indiana Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title



## Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

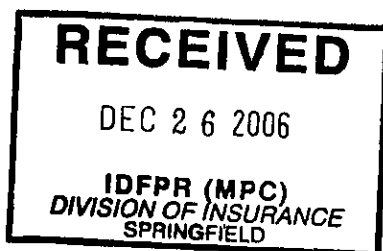
Change in Company's premium or rate level produced by rate revision  
effective Jan. 15, 2007.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$261,176 *	+5.1%
14. Crop Hail		
15. Other		
Life of Insurance		

\* Started program in Illinois 9/7/2006.

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: Change applies statewide, but 3 territories  
are changing more than the rest.Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Increase to our liability rates  
by 15% statewide, plus a relativity change in 3 territories, affecting  
both property and liability rates.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of  
new rates.

Middlesex Mutual Assurance Co.  
Name of Company

David Watson, ACAS  
Official--Title

MAR 17 1983

SOS - ISL - CODE UNIT

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2007 NB, 7-1-2007 RB

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$19,191,388	-1.2%
14. Crop Hail		
15. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Please see Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

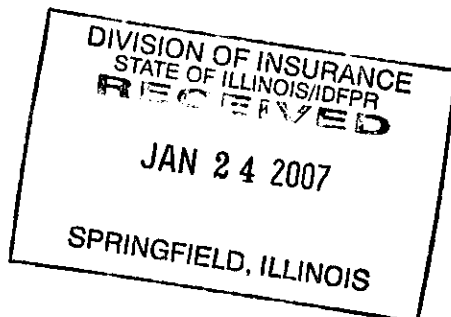
\*\*Change in Company's premium level which will result from application of new rates.

The Netherlands Insurance Company

Name of Company

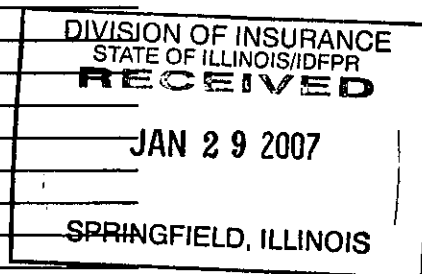
Amy LaCroix, Technician, Regulatory Filing

Official - Title



Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

(1)	(2)	(3)
Coverage	Annual Written Premium Volume (Illinois)*	Percent Change ( + or - )**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	118,113	0.0%
14. Crop Hail		
15. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

See Explanatory Memorandum

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

^ For a detailed description of the proposed rate change, please refer to the explanatory memorandum.

Pacific Indemnity Co.

Name of Company

Assistant Vice President & Actuary

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2007 NB, 7-1-2007 RB

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$56,838	-9.3%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Please see Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

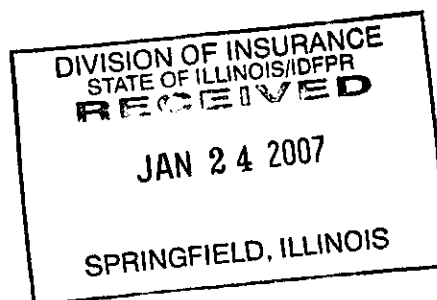
\*\*Change in Company's premium level which will result from application of new rates.

Peerless Indemnity Insurance Company

Name of Company

Amy LaCroix, Technician, Regulatory Filing

Official - Title





# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6-1-2007 NB, 7-1-2007 RB

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$5,889,819	-10.6%
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Please see Actuarial Memorandum.

\*Adjusted to reflect all prior rate changes.

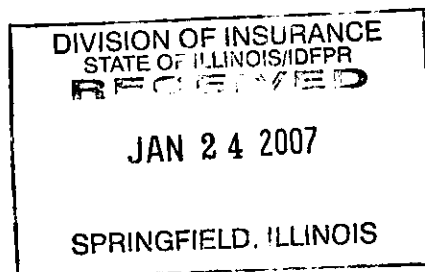
\*\*Change in Company's premium level which will result from application of new rates.

Peerless Insurance Company

Name of Company

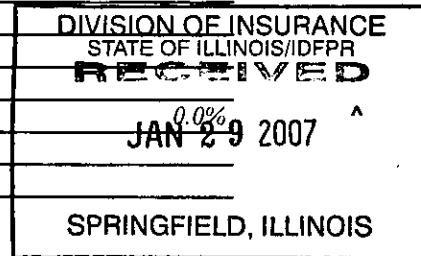
Amy LaCroix, Technician, Regulatory Filing

Official - Title



Change in Company's premium or rate level produced by rate revision effective \_\_\_\_\_.

(1)	(2)	(3)
Coverage	Annual Written Premium Volume (Illinois)*	Percent Change ( + or - )**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	1,487,882	
14. Crop Hail		
15. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

*See Explanatory Memorandum*

\* Adjusted to reflect all prior rate changes

\*\* Change in Company's premium level which will result from application of new rates.

^ For a detailed description of the proposed rate change, please refer to the explanatory memorandum.

*Vigilant Insurance Co.*

Name of Company

*[Signature]*

Assistant Vice President & Actuary

Official - Title